

# AMBULANCE REVENUE AND COST REPORT

## FIRE DISTRICT and SMALL RURAL COMPANY

AMBULANCE SERVICE ENTITY:

CITY OF PAGE FIRE DEPARTMENT AMBULANCE SERVICE

FOR THE PERIOD

FROM:

July 1, 2012

TO:

June 30, 2013

### SCHEDULE OF REVENUES AND EXPENSES

Line No.	DESCRIPTION		
<b>Operating Revenues:</b>			
1	Total Ambulance Service Operating Revenue	(From: Page 2, Line 13)	\$ 1,266,881
<b>Settlement Amounts:</b>			
2	AHCCCS		(149,031)
3	Medicare		(161,627)
4	Subscription Service		
5	Contractual		(14,585)
6	Other		
7	Total	(Sum of Lines 2 through 6)	(325,243)
8	Total Operating Revenue	(Line 1 minus Line 7)	\$ 941,638
<b>Operating Expenses:</b>			
9	Bad Debt		\$
10	Total Salaries, Wages, and Employee-Related Expenses	(From: Page 2, Line 19)	1,103,764
11	Professional Services		66,463
12	Travel and Entertainment		19,244
13	Other General Administrative		3,475
14	Depreciation		
15	Rent / Leasing		85,238
16	Building / Station		5,433
17	Vehicle Expense		78,431
18	Other Operating Expense		50,329
19	Cost of Medical Supplies Charged to Patients		26,145
20	Interest		15,858
21	Subscription Service Sales Expense		
22	Total Operating Expense	(Sum of Lines 9 through 21)	1,454,380
23	Total Operating Income or (Loss)	(Line 8 minus Line 22)	\$ (512,742)
24	Subscription Contract Sales		
25	Other Operating Revenue		
26	Local Supportive Funding		512,742
27	Other Non-Operating Income (Attach Schedule)		
28	Other Non-Operating Expense (Attach Schedule)		
29	NET INCOME or (LOSS) Before Income Taxes	(Sum of Lines 23 through 27, minus Line 28)	\$ -
<b>Provision for Income Taxes:</b>			
30	Federal Income Tax		
31	State Income Tax		
32	Total Income Tax	(Line 30, plus Line 31)	
33	Ambulance Service Net Income (Loss)	(Line 29, minus Line 32)	

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FOR THE PERIOD

FROM: July 1, 2012

TO: ## June 30, 2013

### STATISTICAL SUPPORT DATA

Line No.	DESCRIPTION	(1) SUBSCRIPTION SERVICE TRANSPORTS	*(2) TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) TOTALS
1	Number of ALS Billable Transports:				327
2	Number of BLS Billable Transports:				783
3	Number of Loaded Billable Miles:				8,847
4	Waiting Time (Hr. & Min.):				
5	Canceled (Non-Billable) Runs:				68

### AMBULANCE SERVICE ROUTINE OPERATING REVENUE

6	ALS Base Rate Revenue	RECEIVED	\$	341,218
7	BLS Base Rate Revenue	JAN 15 2014		817,045
8	Mileage Charge Revenue			108,618
9	Waiting Charge Revenue	BEMSTS/CON & RATES		
10	Medical Supplies Charge Revenue	INCLUDED WITH ALS/BLS REVENUE		-
11	Nurses Charge Revenue			
12	Standby Charge Revenue (Attach Schedule)			
13	TOTAL AMBULANCE SERVICE ROUTINE OPERATING REVENUE	(Post to Page 3, Line 1)	\$	1,266,881

### SALARY AND WAGE EXPENSE DETAIL

#### GROSS WAGES:

			** No. of FTE's
14	Management	\$ 91,893	2.0
15	Paramedics and IEMTs	\$ 359,607	12.00
16	Emergency Medical Technician (EMT)	\$ 328,118	12.00
17	Other Personnel	\$	
18	Payroll Taxes and Fringe Benefits - All Personnel	\$ 324,145	
19	Total Wages, Taxes & Benefits (Sum Lines 14 through 18; Post to Page 3, Line 10)	\$ 1,103,764	26

\* This column reports only those runs where a contracted discount rate was applied.

\*\* Full-time equivalents (F.T.E.) is the sum of all hours for which employees wages were paid during the year divided by 2080.

**AMBULANCE REVENUE and COST REPORT**  
**FIRE DISTRICT and SMALL RURAL COMPANY**

Arizona Department of Health Services  
Annual Ambulance Financial Report

CITY OF PAGE FIRE DEPARTMENT AMBULANCE SERVICE  
Reporting Ambulance Service

Address: P O BOX 1180  
City: PAGE, ARIZONA Zip: 86040

**Report Fiscal Year**

From: July 1, 2012 To: June 30, 2013  
Mo. Day Year Mo. Day Year

*I hereby verify that I have directed the preparation of the enclosed annual report in accordance with the reporting requirements of the State of Arizona.*

*I have read this report and hereby verify that the information provided is true and correct to the best of my knowledge.*

*This report has been prepared using the accrual basis of accounting.*

Authorized Signature: Linda L. Watson Date: December 4, 2013  
Print Name and Title: LINDA L. WATSON, FINANCE DIRECTOR  
Phone: (928) 645-4203

Mail to:

Department of Health Services  
Bureau of Emergency Medical Services  
Certificate of Necessity and Rates Section  
150 North 18th Avenue, Suite 540  
Phoenix, AZ 85007-3248  
Telephone: (602) 364-3150  
Fax: (602) 364-3567

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**JAN 15 2014**

**BEMSTS/CON & RATES**

# AMBULANCE REVENUE AND COST REPORT

## FIRE DISTRICT and SMALL RURAL COMPANY

AMBULANCE SERVICE ENTITY: CITY OF PAGE FIRE DEPARTMENT AMBULANCE SERVICE

FOR THE PERIOD FROM: July 1, 2012 TO: June 30, 2013

### BALANCE SHEET

SEE ATTACHED COPY OF ANNUAL FINANCIAL STATEMENT

#### ASSETS

##### CURRENT ASSETS

1	Cash .....	\$	_____
2	Accounts Receivable .....		_____
3	Less: Allowance for Doubtful Accounts .....		_____
4	Inventory .....		_____
5	Prepaid Exper .....		_____
6	Other Current Assets .....		_____
7	TOTAL CURRENT ASSETS .....	\$	_____

9	PROPERTY & EQUIPMENT .....		_____
10	Less: Accumulated Depreciation .....		_____

11	OTHER NON CURRENT ASSETS .....		_____
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12	TOTAL ASSETS .....	\$	_____
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#### LIABILITIES & EQUITY

##### CURRENT LIABILITIES

13	Accounts Payable .....	\$	_____
14	Current Portion of Notes Payable .....		_____
15	Current Portion of Long-Term Debt .....		_____
16	Deferred Subscription Income .....		_____
17	Accrued Expenses and Other .....		_____
18	.....		_____
19	.....		_____
20	TOTAL CURRENT LIABILITIES .....	\$	_____

21	NOTES PAYABLE .....		_____
22	LONG-TERM DEBT, OTHER .....		_____
23	TOTAL LONG-TERM DEBT .....		_____

##### EQUITY & OTHER CREDITS

###### Paid-In Capital:

24	Common Stock .....		_____
25	Paid-In Capital in Excess of Par Value .....		_____
26	Contributed Capital .....		_____
27	Retained Earnings .....		_____
28	.....		-
29	.....		-
30	Fund Balance .....		-
31	TOTAL EQUITY .....		_____

32	TOTAL LIABILITIES & EQUITY .....	\$	_____
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CITY OF PAGE FIRE DEPARTMENT AMBULANCE SERVICE

FOR THE PERIOD

FROM:

July 1, 2012

TO:

June 30, 2013

## STATEMENT OF CASH FLOWS

SEE ATTACHED COPY OF ANNUAL FINANCIAL STATEMENT

### OPERATING ACTIVITIES:

1	Net (loss) Income	.....	\$	.....
<i>Adjustments to Reconcile Net Income to Net Cash</i>				
<i>Provided by Operating Activities:</i> Note: a increase in these accounts improves cash flow				
2	Depreciation Expense	.....		.....
3	Deferred Income Tax	.....		.....
4	Loss (gain) on Disposal of Property & Equipment	.....		.....
<i>(Increase) Decrease in:</i> Note: a decrease in these accounts improves cash flow				
5	Accounts Receivable	.....		.....
6	Inventories	.....		.....
7	Prepaid Expenses	.....		.....
<i>Increase (Decrease) in:</i> Note: a increase in these accounts improves cash flow				
8	Accounts Payable	.....		.....
9	Accrued Expenses	.....		.....
10	Deferred Subscription Income	.....		.....
11	NET CASH PROVIDED (Used) BY OPERATING ACTIVITIES		\$	.....

### INVESTING ACTIVITIES:

12	Purchases of Property & Equipment	.....		.....
13	Proceeds from Disposal of Property & Equipment	.....		.....
14	Purchases of Investments	.....		.....
15	Proceeds from Disposal of Investments	.....		.....
16	Loans Made	.....		.....
17	Collections on Loans	.....		.....
18	Other	.....		.....
19	NET CASH PROVIDED (Used) BY INVESTING ACTIVITIES			.....

### FINANCING ACTIVITIES:

<i>New Borrowings:</i>				
20	Long-Term	.....		.....
21	Short-Term	.....		.....
<i>Debt Reduction:</i>				
22	Long-Term	.....		.....
23	Short-Term	.....		.....
24	Capital Contributions	.....		.....
25	Dividends Paid	.....	\$	.....
26	NET CASH PROVIDED (Used) BY FINANCING ACTIVITIES			.....
27	NET INCREASE (Decrease) IN CASH			.....
28	CASH AT BEGINNING OF YEAR			.....
29	CASH AT END OF YEAR			.....

### SUPPLEMENTAL DISCLOSURES:

<i>Non-cash Investing and Financing Transactions:</i>				
30		.....		.....
31		.....		.....
32		.....		.....
33	Interest Paid (Net of Amounts Capitalized)	.....		.....
34	Income Taxes Paid	.....	\$	.....

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JAN 15 2014

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